

FILED MAY 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19813

BIRTH NO. _____		REG. DIST. NO. <u>340</u>		PRIMARY REG. DIST. NO. <u>4503</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bernie</u>		c. LENGTH OF STAY (in this place) <u>20 years</u>		c. CITY OR TOWN <u>Bernie</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home in Bernie</u>				e. STREET ADDRESS (If rural, give location) <u>No house number</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillie</u>		b. (Middle) <u>-----</u>		c. (Last) <u>McFerron</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 16, 1957</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 11, 1880</u>	
9. AGE (In years last birthday) <u>76</u>		10. MONTHS <u>1</u> IF UNDER 1 YEAR		11. DAYS <u>16</u> IF UNDER 1 MONTH		12. HOURS <u>16</u> IF UNDER 1 HOUR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	
13a. FATHER'S NAME <u>Unknown</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Merron McFerron</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u> (If yes, give year or dates of service) <u>None</u>				16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Merron McFerron</u> ADDRESS <u>Bernie, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis and Myocardial Degeneration</u> ANTECEDENT CAUSES <u>Unknown</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4222</u>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>1-28</u> , 19 <u>56</u> , to <u>5-15</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>May 15</u> , 19 <u>57</u> , and that death occurred at <u>12:50 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>F O / Clapp</u> (Degree or title) _____				23b. ADDRESS <u>Bernie, Mo.</u>		23c. DATE SIGNED <u>5-20-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 18, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Loyd Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>East of Holcomb, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5/20/57</u>		REGISTRAR'S SIGNATURE <u>Delmar V. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. L. Duffie</u> ADDRESS <u>Missouri</u>		General Directors	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4798

P. O. Address Perme, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.